

Diagnostic Services	Maximum Benefit	Code
Periodic Oral Examination	\$ 15	D0120
Limited Oral Evaluation (specific oral health problem)	\$ 15	D0140
Comprehensive Oral Examination- new or established patient	\$ 23	D0150
Radiographs/Diagnostic Imaging		
Intraoral Complete Series (once in a period of three plan years, including bitewings)	\$ 50	D0210
Intraoral - Periapical First Film	\$ 11	D0220
Intraoral - Periapical Each Additional Film	\$ 8	D0230
Bitewing Single Film	\$ 9	D0270
Bitewing Two Films	\$ 17	D0272
Bitewing Four Films	\$ 26	D0274
Panoramic Film, (once in a period of three plan years)	\$ 42	D0330
Preventive Services	Maximum Benefit	Code
Prophylaxis Adult - Twice each plan year	\$ 34	D1110
Prophylaxis Child - Twice each plan year	\$ 23	D1120
Topical Application of Fluoride - Child (including prophylaxis) (once each plan year, covered through age 18 only)	\$ 37	D1201
Topical Application of Fluoride - Child (not including prophylaxis) (once each plan year, covered through age 18 only)	\$ 14	D1203
Sealant - per tooth, covered through age 18 only	\$ 23	D1351
Space Maintainers (Passive Appliances)		
Fixed Unilateral	\$ 72	D1510
Fixed Bilateral	\$ 81	D1515
Removable Unilateral	\$ 72	D1520
Removable Bilateral	\$ 81	D1525
Restorative Services	Maximum Benefit	Code
Amalgam Restorations		
Amalgam One Surface, Primary or Permanent	\$ 39	D2140
Amalgam Two Surfaces, Primary or Permanent	\$ 56	D2150
Amalgam Three Surfaces, Primary or Permanent	\$ 64	D2160
Amalgam Four or more Surfaces, Primary or Permanent	\$ 71	D2161
Resin-Based Composite Restorations		
One Surface, Anterior	\$ 46	D2330
Two Surfaces, Anterior	\$ 59	D2331
Three Surfaces, Anterior	\$ 73	D2332
Four or more Surfaces or involving incisal angle (anterior)	\$ 79	D2335
One Surface Posterior	\$ 81	D2391
Two Surface Posterior	\$112	D2392
Three Surface Posterior	\$139	D2393
Four or More Surfaces, Posterior	\$172	D2394
Crowns/Single Restorations Only		
Crown-Resin (indirect)	\$ 86	D2710
Crown-Resin with high noble metal	\$250	D2720
Crown-Resin predominantly base metal	\$215	D2721
Crown-Resin with noble metal	\$241	D2722
Crown-Porcelain/Ceramic Substrate	\$253	D2740
Crown-Porcelain fused to high noble metal	\$254	D2750
Crown-Porcelain fused to predominantly base metal	\$237	D2751
Crown-Porcelain fused to noble metal	\$246	D2752
Crown-3/4 cast predominately base metal	\$252	D2781
Crown-Full cast high noble metal	\$227	D2790
Crown-Full cast predominantly base metal	\$233	D2791
Crown-Full cast noble metal	\$246	D2792
Other Restorative Services		
Recement Inlay	\$ 17	D2910
Recement Crown	\$ 18	D2920
Prefabricated stainless steel Crown (primary tooth)	\$ 58	D2930
Prefabricated stainless steel Crown (permanent tooth)	\$ 62	D2931
Prefabricated Resin Crown	\$ 54	D2932

Endodontics	Maximum Benefit	Code
Pulp Capping		
Pulp Cap - Direct (excluding final restoration)	\$ 26	D3110
Pulp Cap - Indirect (excluding final restoration)	\$ 20	D3120
Pulpotomy - Therapeutic (excluding final restoration)	\$ 62	D3220
Root Canal Therapy (include intra-operative radiographs)		
Anterior (excludes final restoration)	\$244	D3310
Bicuspid (excludes final restoration)	\$304	D3320
Molar (excludes final restoration)	\$410	D3330
Retreatment of Previous Root Canal Therapy		
Anterior	\$266	D3346
Bicuspid	\$316	D3347
Molar	\$432	D3348
Periodontics	Maximum Benefit	Code
Gingivectomy/Gingivoplasty		
Per quadrant	\$155	D4210
1 - 3 Teeth per quadrant	\$ 33	D4211
Gingival Flap Procedure		
Per quadrant - includes root planing	\$155	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant	\$117	D4241
Osseous Surgery (including flap entry and closure)		
4 or more contiguous teeth or bounded teeth spaces per quadrant	\$224	D4260
1-3 contiguous teeth or bounded teeth spaces per quadrant	\$120	D4261
Bone Replacement Graft		
First site in quadrant	\$228	D4263
Each additional site in quadrant	\$173	D4264
Pedicle Soft Tissue Graft	\$138	D4270
Free Soft Tissue Graft	\$178	D4271
Provisional Splinting		
Intracoronaral	\$ 73	D4320
Extracoronaral	\$84	D4321
Periodontal Scaling and Root Planing		
4 or more contiguous teeth or bounded teeth spaces per quadrant	\$ 70	D4341
Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis	\$ 35	D4355
Periodontal Maintenance Procedure		
Following active therapy	\$ 28	D4910
Unscheduled Dressing Change	\$ 14	D4920
Prosthodontics	Maximum Benefit	Code
Removable Prosthetics		
Complete Denture - Maxillary	\$523	D5110
Complete Denture - Mandibular	\$523	D5120
Immediate Denture - Maxillary	\$442	D5130
Immediate Denture - Mandibular	\$460	D5140
Partial Dentures (removable)		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth)	\$442	D5211
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth)	\$501	D5212
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth)	\$529	D5213
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth)	\$540	D5214
Unilateral, Partial Denture, Removable - one piece cast metal (includes clasps and teeth)	\$173	D5281
Adjustments to Dentures		
Adjust complete denture - Maxillary	\$ 25	D5410
Adjust complete denture - Mandibular	\$ 25	D5411
Adjust partial denture - Maxillary	\$ 25	D5421
Adjust partial denture - Mandibular	\$ 25	D5422
Repairs to Complete Dentures		
Repair broken complete denture base	\$ 48	D5510
Replace missing or broken teeth - complete denture (each tooth)	\$ 44	D5520

Repairs to Partial Dentures		
Repair resin denture base	\$ 48	D5610
Repair cast framework	\$ 62	D5620
Repair or replace broken clasp	\$ 54	D5630
Replace broken teeth - per tooth	\$ 41	D5640
Add tooth to existing partial denture	\$ 59	D5650
Add clasp to existing partial denture	\$ 77	D5660
Denture Rebase Procedure		
Rebase complete maxillary denture	\$179	D5710
Rebase complete mandibular denture	\$179	D5711
Rebase maxillary partial denture	\$179	D5720
Rebase mandibular partial denture	\$179	D5721
Denture Reline Procedure		
Reline complete maxillary denture (chairside)	\$109	D5730
Reline complete mandibular denture (chairside)	\$109	D5731
Reline maxillary partial denture (chairside)	\$109	D5740
Reline mandibular partial denture (chairside)	\$109	D5741
Reline complete maxillary denture (laboratory)	\$154	D5750
Reline complete mandibular denture (laboratory)	\$154	D5751
Reline maxillary partial denture (laboratory)	\$154	D5760
Reline mandibular partial denture (laboratory)	\$154	D5761
Prosthodontics (continued)	Maximum Benefit	Code
Fixed Partial Denture Pontics		
(Each retainer and each pontic constitutes a unit in a fixed partial denture)		
Pontic-Cast high noble metal	\$248	D6210
Pontic-Cast predominantly base metal	\$219	D6211
Pontic-Cast noble metal	\$224	D6212
Pontic-Porcelain fused to high noble metal	\$249	D6240
Pontic-Porcelain fused to predominantly base metal	\$227	D6241
Pontic-Porcelain fused to noble metal	\$237	D6242
Pontic-Resin with high noble metal	\$234	D6250
Pontic-Resin with predominantly base metal	\$227	D6251
Pontic-Resin with noble metal	\$257	D6252
Fixed Partial Denture Retainers - Crowns		
Crown-Resin with high noble metal	\$245	D6720
Crown-Resin with predominantly base metal	\$230	D6721
Crown-Resin with noble metal	\$211	D6722
Crown-Porcelain fused to high noble metal	\$250	D6750
Crown-Porcelain fused to predominantly base metals	\$232	D6751
Crown-Porcelain fused to noble metal	\$231	D6752
Crown-3/4 cast high noble metal	\$240	D6780
Crown-Full cast high noble metal	\$245	D6790
Crown-Full cast predominantly base metal	\$230	D6791
Crown-Full cast noble metal	\$234	D6792
Other Fixed Partial Denture Services		
Recement Fixed Partial Denture	\$ 23	D6930
Fixed Partial Denture Repair, by report	\$ 45	D6980
Oral Surgery	Maximum Benefit	Code
Extractions		
Coronal Remnants - Deciduous Tooth	\$ 74	D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/ or forceps removal)	\$ 70	D7140
Surgical Extraction		
(Includes local anesthesia, suturing if needed, and routine postoperative care)		
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$ 50	D7210
Removal of impacted tooth - soft tissue	\$ 67	D7220
Removal of impacted tooth - partially bony	\$ 90	D7230
Removal of impacted tooth - completely bony	\$107	D7240
Removal of impacted tooth - completely bony with unusual surgical complications	\$121	D7241
Surgical removal of residual tooth roots (cutting procedure)	\$ 46	D7250

Other Surgical Procedures		
Biopsy of oral tissue - hard (bone/tooth)	\$ 66	D7285
Biopsy of soft tissue - soft (all others)	\$ 57	D7286
Alveoloplasty in conjunction with extractions, per quadrant	\$ 46	D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$ 46	D7311
Alveoloplasty not in conjunction with extractions, per quadrant	\$ 62	D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$ 62	D7321
Frenulectomy - separate procedure	\$ 83	D7960
Adjunctive General Services	Maximum Benefit	Code
Surgical Incision		
Palliative (emergency) treatment of dental pain (minor procedure)	\$ 12	D9110
Anesthesia		
General Anesthesia and Intravenous Sedation will be covered only if a qualified medical condition exists with supporting documentation from the patient's medical provider.		
General anesthesia - first 30 minutes	\$156	D9220
General anesthesia - each additional 15 minutes	\$ 61	D9221
Intravenous sedation/analgesia - first 30 minutes	\$180	D9241
Intravenous sedation/analgesia - each additional 15 minutes	\$ 75	D9242
Miscellaneous Services		
Occlusal guards, by report	\$110	D9940
Occlusal adjustment, limited	\$ 39	D9951
Occlusal adjustment, complete	\$ 77	D9952